

COUNTY OF FAIRFAX Department of Planning and Zoning **Zoning Evaluation Division**

12055 Government Center Parkway, Suite 801

www.fairfaxcounty.gov/dpz/zoning/applications

Fairfax, VA 22035 (703) 324-1290, TTY 711

APPLICATION No: SP 2014-HM-024

(Staff will assign)

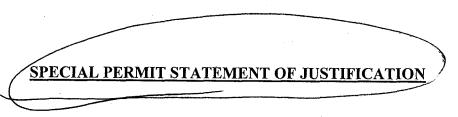
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Department of Planning & Zoning

OCT 28 2013

APPLICATION FOR A SPECIAL PERMIT

Zoning Evaluation Division

(PLEASE TYPE or PRINT IN BLACK INK)	
APPLICANT	NAME MONICA VILLA
	MAILING ADDRESS 1542 STUART RD HENNDON VQ. 20170
	PHONE HOME (703) 464 0985 WORK () SAME
	PHONE MOBILE (703) 870 41 51 EMAIL MH VINA 123@ HSN. COM (103) 994 55 20 KANEN (DAUGHTER)
PROPERTY INFORMATION	PROPERTY ADDRESS
	1542 STUART Rd HERNDON VA - 20170
	TAX MAP NO. 0113 06 0001 SIZE (ACRES/SQ FT) 20, 100 SQ FT.
	ZONING DISTRICT MAGISTERIAL DISTRIGT
	R-IC HUNTER HILLS
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:
	ZONING ORDINANCE SECTION
SPECIAL PERMIT	8-305
REQUEST INFORMATION	PROPOSED USE
MORMATION	HOME CHILDCARE FACILITY
AGENT/CONTACT INFORMATION	NAME N/A
	MAILING ADDRESS
	PHONE HOME () WORK ()
	PHONE MOBILE () EMAIL
MAILING	Send all correspondence to (check one): Applicant -or- Agent/Contact
The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.	
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MONICA VILLA TYPE/PRINT NAME OF APPLICANT/AGENT SIGNATURE OF APPLICANT/AGENT	
TYPE/PRINT NAME OF APPLICANT/AGENT SIGNATURE OF AFFLICANT/AGENT	
	E OF APPLICANI/AGENT SIGNATURE OF APPLICANI/AGENT
	3/18/14
DO NOT WRITE IN	3/16/14



In order for the Board of Zoning Appeals to assess the proposed home child care against the Zoning Ordinance's standards for home child care facilities (which are provided in Attachment 3), you will need to provide a written statement describing the proposed home child care, and other necessary information, including specifically:

- A. Hours of operation (for example 7AM to 6PM, Monday through Friday).
- B. Estimated number of children and largest number present at any one time, excluding the provider's own children.
- C. Proposed number of employees/attendants/teachers/etc. Indicate whether the employees work part-time or full-time (if part-time, please include their hours).
- D. Estimated drop-off and pick-up schedule and largest number of drop-offs and pick-ups at any one time (for example, three children arrive at 7:15 AM while one child arrives at 8:00 AM).
- E. Describe the general area or neighborhood which will be served by your child care (do they live in your neighborhood, or come from outside areas?).
- F. Describe how parents get to the child care (do they drive, walk or take a bus?) and where they may park (if they drive).
- G. Describe the dwelling and how the use will operate within the dwelling, including square footage dedicated to the home child care facility. Include a floor plan to show what areas of the dwelling will be used for the child care.
- H. Describe the outdoor play areas in order to supplement the information provided on the plat. If outdoor play areas are not located on the property, provide information about where the outdoor play will be provided and how the children will get to those playgrounds.
- I. If your neighborhood has a homeowners' association and you have received approval from them for your use, please include a copy of that approval.

Please be sure to read the General Standards; Sections 8-006 of the Zoning Ordinance (found on page 1 of Attachment 3) and the Special Standards for Home Child Care Facilities; Section 8-305 of the Zoning Ordinance (found on page 2 of Attachment 3). Take special care to ensure your statement addresses these standards. Remember your statement of justification is your first impression to the Board of Zoning Appeals.